



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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July 31, 2009

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**APRIL 28, 2009 AMENDMENT TO ITEM NO. 24: KATIE A. STRATEGIC PLAN,
MONTHLY REPORT ON THE MENTAL HEALTH SCREENING PROCESS**

On October 14, 2008, the Board approved the Katie A. Strategic Plan, a single comprehensive and overarching vision of the current and planned service delivery of mental health services to children under the supervision and care of the Department of Children and Family Services (DCFS). On March 27, 2009, DCFS and the Department of Mental Health (DMH) provided your Board with the Katie A. Implementation Plan that describes the systematic process by which all children in new and currently open DCFS cases will be screened for mental health needs, and if screened positive, assessed for mental health services.

On April 28, 2009, in response to a motion by Supervisor Molina, the Board ordered the Chief Executive Officer (CEO), DCFS and DMH to prepare a monthly report on the mental health screening process, beginning May 30, 2009. The motion indicates that the social workers in the Service Planning Area (SPA) 7 Belvedere and Santa Fe Springs offices began the mental health screening process on May 1, 2009. The Departments are charged with tracking the

effectiveness of mental health screening, referral to DMH and mental health treatment access in a monthly report that provides the following data elements:

1. Number of social workers completing screenings;
2. Number of children screened;
3. Number of children referred for mental health services;
4. Amount of time between screening, assessment and treatment access;
5. Number of children accessing services;
6. Waiting times, if any, at directly operated clinics or contract providers; and
7. Quality of mental health services.

Summary Highlights

Data entered as of July 17, 2009 into the Child Welfare Services/Case Management System (CWS/CMS) indicates the year-to-date progress made by SPA 7 staff during the May 1 - June 31, 2009 reporting period, as follows:

- An average of **134** Children's Social Workers (CSWs) completed mental health screens each month.
- Out of a total of **1464** children potentially requiring a mental health screen, **975** children were determined to be in need of a screen, and of that amount, **945** children were screened at a **97%** screening rate.
- Out of **945** children screened, **330** children screened positive, and **315** children were referred for mental health services at a **95%** referral rate.
- Out of **315** children referred for mental health services, **309** children received a mental health service activity at a **98%** access rate.
- The average number of days between the case opening or case plan due date and completion of a mental health screen was **15** calendar days.
- The average number of days between a positive mental health screen or Multidisciplinary Assessment Team referral and referral for mental health service was **4** calendar days.
- The average number of days between a referral for mental health service and the first mental health service activity was **6** calendar days.
- The average number of days between a referral for mental health service and the date of admission into a mental health program was **17** calendar days.

**The Coordinated Services Action Team (CSAT)
Referral Tracking System (RTS) Summary Data Report**

As discussed in the Katie A. Strategic Plan, the CSAT and RTS provide the organizational structure and system by which DCFS and DMH will ensure and track the mental health screening, assessment and service linkage process for all children in new and currently open DCFS cases.

The CSAT and RTS first became operational in SPA 7 on May 1, 2009 and since that time the Departments have produced monthly RTS Summary Data Reports (Summary Report). Each RTS Summary Report reflects the CSAT activities for children with a case opening date or case plan due date within that month.

Each RTS Summary Report concludes with a summary total, labeled "Cummulative," providing a combined total or average rate achieved for all data elements from all CSAT and RTS operational offices. As noted in previous reports to your Board, the data for the RTS Summary Report is continuously entered, with the final compliance rates evident only after a certain period of time. Policy requires a child to be screened within the first 30 calendar days of case opening or case plan due date. Therefore, the final cumulative screening, assessment or service activity rate for children entering cases or with a case plan due date in May 2009 will be available in the report submitted to your Board on August 31, 2009. The RTS Summary Report, to be submitted to your Board at the end of each month, is compiled from data entered up to the 17th of each month and represents the work completed up to that date for the previous months' required cases.

Since the first report provided to your Board on May 29, 2009, the screening tracks and data elements in the RTS Summary Report have been further refined to provide a complete and accurate description of the process, as follows:

Track #1: Newly Detained

All newly detained children eligible for the Multidisciplinary Assessment Team (MAT) program will receive a comprehensive assessment (including mental health) and linkage to service by MAT program staff. All newly detained children not eligible for MAT, or in a SPA with insufficient capacity, will receive a mental health screening by the CSW using the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Based on a positive mental health screen, the children will be referred for mental health services through the co-located DMH staff and/or Service Linkage Specialist (SLS).

Track #2: Newly Open Non-Detained

All newly opened non-detained children (family maintenance or voluntary family reunification) will receive a mental health screening by the CSW using the CIMH/MHST and, based on a positive mental health screen, referred for mental health services through the co-located DMH staff and/or SLS.

Track #3: Existing Open Cases

All existing open cases will receive a mental health screening by the CSW using the CIMH/MHST when the next case plan update is due or a behavioral indicator is present (unless the child is already receiving mental health services) and, based on a positive mental health screen, referred for mental health services through the co-located DMH staff and/or SLS.

The data elements within each screening track included in the RTS Summary Report provide necessary information to track timeliness and participation rates of required activities associated with the mental health screening, assessment and service linkage process. In addition, other data elements are included to provide context and a greater understanding of certain factors that may impact the service linkage process. For example, data element #10 was added to the current report to capture the number of children determined to be in need of mental health services who are privately insured, a factor that can limit the type of program and/or timeliness of service available to children and families. The data elements in the RTS Summary Report are currently defined as follows:

1. **Number of children** is defined as the total number of children receiving DCFS services within each screening track.
2. **Number of children currently receiving mental health services** is defined as the number of children in an existing DCFS case who are currently receiving mental health services, defined as having received a billable mental health service activity within the previous 120 calendar days. The number of children currently receiving mental health services in track one and two is provided for information purposes only. The number of children currently receiving mental health services in track three is provided to show the number of children who are not required to be screened.
3. **Number of children requiring screens** is defined as a) the number of newly detained children with a case opening in the month; b) the number of newly open non-detained children with a case opening in the month; c) the number of children in an existing open case, not currently receiving mental health services, with a case plan update due or a behavioral indicator

identified requiring the completion of a CIMH/MHST within the month. Additionally, the number of children requiring screens may be reduced by the number of children in cases that were closed or by the number of runaway/abducted children in the 30 day period.

4. **Number of children screened** is defined as the total number of DCFS children for whom a CIMH/MHST or a MAT referral is completed. In accordance with the Strategic Plan, all newly detained MAT-eligible children will automatically be referred for a MAT assessment regardless of the CIMH/MHST outcome. Therefore, a referral to the MAT program acts as a positive screen.
5. **Number of CSWs completing screens** is defined as the number of CSWs who completed a CIMH/MHST.
6. **Number of days between case opening/case plan due date and screen** is defined as the average number of calendar days between the DCFS case opening date or case plan due date and the completion of a CIMH/MHST or MAT referral.
7. **Rate of screening** is defined as the percent of children screened out of the total number required to be screened using a CIMH/MHST or MAT referral.
8. **Number of children with positive screens** is defined as the number of children determined to be in need of a mental health assessment because of a positive CIMH/MHST or MAT referral.
9. **Number of children with positive screens determined to be Early Periodic Screening, Diagnosis, and Treatment (EPSDT)-eligible** is defined as the number of children identified to be in need of a mental health assessment determined to be insured through the Federal Medicaid EPSDT program.
10. **Number of children with positive screens determined to be privately insured** is defined as the number of children identified to be in need of a mental health assessment and who are privately insured (Kaiser, Blue Cross, etc.).
11. **Number of children referred for mental health services** is defined as the number of children referred for mental health services through all DMH and non-DMH funded programs including MAT, Wraparound, DMH directly operated clinics, other DMH contracted providers, as well as services offered through private insurance, DCFS funded programs or any other

type of appropriate mental health provider/program. Additionally, the number of children requiring referral for mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health was denied in the 60 day period.

12. **Number of days between screening and referral to mental health provider** is defined as the average number of calendar days between a positive CIMH/MHST or MAT referral and the referral to a mental health provider.
13. **Rate of referral** is defined as the percent of children referred to a mental health provider out of the total number with a positive CIMH/MHST or MAT referral.
14. **Number of children accessing services** is defined as the number of children referred by DCFS, based upon a positive mental health screening, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc. Additionally, the number of children required to receive mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was revoked in the 90 day period.
15. **Number of days between referral to a mental health provider and assessment/treatment** is defined as the average number of calendar days between referral to a mental health provider and the start of a mental health service activity.
16. **Rate of mental health services** is defined as the percent of children who receive a mental health service activity out of the total referred from DCFS.
17. **Waiting times at directly operated clinics or contract providers** is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.
18. **Quality of mental health services** is a measure of client satisfaction with the mental health services received. DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process. This data will be reported in future monthly reports as it becomes available.

Lessons Learned

A number of significant lessons have been learned from implementation of the CSAT and RTS from SPA 7 to date, namely:

1. The workload related to data collection and input for Track #3: Existing Cases is one of our greatest challenges at this point. The Departments are finding certain aspects of the CSAT process to be under-resourced and are exploring all options to compensate.
2. The CSAT and RTS process continues to be refined and we anticipate fluctuation during these initial stages of implementation. For example, this last month we finalized our process to ensure DCFS obtains consent prior to making the referral for mental health services, a key addition to Katie A. policy developed with the creation of CSAT. As a result, the compliance rate for referral to mental health services slowed and the rate of mental health services activity increased.
3. The RTS has facilitated collaboration and important work between the Departments in fine-tuning business rules and we recognize its benefits and value to our service delivery system. However, we also recognize that the RTS does not reflect a complete picture of all services rendered and there are limitations to what the RTS is able to capture. For example, the RTS does not capture the work by both Departments to ensure appropriate service linkage and service quality throughout the life of a child's case.

SUMMARY

Data entered as of July 17, 2009 into the Child Welfare Services/Case Management System (CWS/CMS) indicates the year-to-date progress made by SPA 7 staff during the May 1 - June 31, 2009 reporting period, as follows:

- Out of a total of **1464** children potentially requiring a mental health screen, **975** children were determined to be in need of a screen, and of that amount, **945** children were screened at a **97%** screening rate.
- Out of **945** children screened, **330** children screened positive, and **315** children were referred for mental health services at a **95%** referral rate.
- Out of **315** children referred for mental health services, **309** children received a mental health service activity at a **98%** access rate.

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The RTS Summary Report quantifies progress towards fulfillment of the objectives identified through the Katie A. Settlement Agreement and the integration of these objectives into an infrastructure designed to support success and address challenges.

The next report, due to your Board on August 31, 2009, will reflect CSAT activities and RTS data tracking in SPA 7 for May through July 31, 2009. The report to your Board dated September 30, 2009 will provide data results from the first month of implementation of CSAT in SPA 6 on August 1, 2009. As to quality of mental health services, DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process, expected to become available in the last quarter of 2009.

If you have any questions, please call us or your staff may contact Armand Montiel, Assistant Division Chief, DCFS Office of Board Relations, at (213) 351-5530.

PSP:MJS:WTF:
CJS:AO:EMM:emm

Attachment

c: Acting County Counsel
Executive Officer, Board of Supervisors

County of Los Angeles
Department of Children and Family Services
Katie A. Referral Tracking System Summary Data Report
Data as of July 16, 2009
May 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	42	69	249	360
	(2) Number of children currently receiving mental health services	7	16	58	81
	(3) Number of children requiring screens	42	69	163	274
	(4) Number of children screened	41	69	155	265
	(5) Number of CSWs completing screens	17	20	43	77
	(6) Number of days between case opening/case plan due date and screen	19	28	12	18
	(7) <i>Rate of screening</i>	98%	100%	95%	97%
	(8) Number of children with positive screens	38	15	34	87
	(9) Number of children with positive screens determined to be EPSDT-eligible	37	15	23	75
	(10) Number of children with positive screens determined to be privately insured	0	0	0	0
	(11) Number of children referred for mental health services	38	15	34	87
	(12) Number of days between screening and referral to mental health provider	0	-2	3	1
	(13) <i>Rate of referral</i>	100%	100%	100%	100%
	(14) Number of children accessing services	37	15	34	86
	(15) Number of days between referral to a mental health provider and assessment/treatment	4	7	11	7
	(16) <i>Rate of mental health services</i>	97%	100%	100%	99%
	(17) Waiting times at directly operated clinics or contract providers	12	14	16	13
	(18) Quality of mental health services				
S F Springs	(1) Number of children	36	59	220	315
	(2) Number of children currently receiving mental health services	3	3	67	73
	(3) Number of children requiring screens	36	49	131	216
	(4) Number of children screened	33	49	131	213
	(5) Number of CSWs completing screens	17	19	37	69
	(6) Number of days between case opening/case plan due date and screen	20	16	11	14
	(7) <i>Rate of screening</i>	92%	100%	100%	99%
	(8) Number of children with positive screens	19	28	48	95
	(9) Number of children with positive screens determined to be EPSDT-eligible	18	17	42	77
	(10) Number of children with positive screens determined to be privately insured	1	0	0	1
	(11) Number of children referred for mental health services	19	27	44	90
	(12) Number of days between screening and referral to mental health provider	4	7	7	6
	(13) <i>Rate of referral</i>	100%	96%	92%	95%
	(14) Number of children accessing services	17	27	44	88
	(15) Number of days between referral to a mental health provider and assessment/treatment	3	7	6	6
	(16) <i>Rate of mental health services</i>	89%	100%	100%	98%
	(17) Waiting times at directly operated clinics or contract providers	10	22	16	15
	(18) Quality of mental health services				
Cummulative	(1) Number of children	78	128	469	675
	(2) Number of children currently receiving mental health services	10	19	125	154
	(3) Number of children requiring screens	78	118	294	490
	(4) Number of children screened	74	118	286	478
	(5) Number of CSWs completing screens	33	39	79	143
	(6) Number of days between case opening/case plan due date and screen	19	20	12	16
	(7) <i>Rate of screening</i>	95%	100%	97%	98%
	(8) Number of children with positive screens	57	43	82	182
	(9) Number of children with positive screens determined to be EPSDT-eligible	55	32	65	152
	(10) Number of children with positive screens determined to be privately insured	1	0	0	1
	(11) Number of children referred for mental health services	57	42	78	177
	(12) Number of days between screening and referral to mental health provider	2	3	5	4
	(13) <i>Rate of referral</i>	100%	98%	95%	97%
	(14) Number of children accessing services	54	42	78	174
	(15) Number of days between referral to a mental health provider and assessment/treatment	3	7	8	6
	(16) <i>Rate of mental health services</i>	95%	100%	100%	98%
	(17) Waiting times at directly operated clinics or contract providers	11	17	16	14
	(18) Quality of mental health services				

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Track #1: Newly Detained

All newly detained children eligible for the Multidisciplinary Assessment Team (MAT) program will receive a comprehensive assessment (including mental health) and mental health service linkage. All newly detained children not eligible for MAT, or in a SPA with insufficient capacity, will receive a mental health screening by the CSW using the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Based on a positive mental health screening, children will be referred for mental health services through the co-located DMH staff and/or Service Linkage Specialist (SLS).

Track #2: Newly Open Non-Detained

All newly opened non-detained children (family maintenance or voluntary family reunification) will receive a mental health screening by the CSW using the CIMH/MHST and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Track #3: Existing Open Cases

All existing open cases will receive a mental health screening by the CSW using the CIMH/MHST when the next case plan update is due or a behavioral indicator is present (unless the child is already receiving mental health services) and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Footnotes

(1) Number of children is defined as the total number of children receiving DCFS services within each screening track.

(2) Number of children currently receiving mental health services is the number of children in an existing DCFS case who are currently receiving mental health services, defined as having received a billable mental health service activity within the previous 120 calendar days. The number of children currently receiving mental health services in track one and two is provided for information purposes only. The number of children currently receiving mental health services in track three is provided to show the number of children who are not required to be screened.

(3) Number of children requiring screens is defined as a) the number of newly detained children with a case opening in the month; b) the number of newly open non-detained children with a case opening in the month; c) the number of children in an existing open case, not currently receiving mental health services, with a case plan update due or a behavioral indicator identified requiring the completion of a CIMH/MHST within the month. Additionally, the number of children requiring screens may be reduced by the number of children in cases that were closed or by the number of runaway/abducted children in the 30 day period.

(4) Number of children screened is defined as the total number of DCFS children for whom a CIMH/MHST or a MAT referral is completed. In accordance with the Strategic Plan, all newly detained MAT-eligible children will automatically be referred for a MAT assessment regardless of the CIMH/MHST outcome. Therefore, a referral to the MAT program acts as a positive screening.

(5) Number of CSWs completing screens is defined as the number of CSWs who completed a CIMH/MHST.

(6) Number of days between case opening/case plan due date and screen is defined as the average number of calendar days between the DCFS case opening date or case plan due date and the completion of a CIMH/MHST or MAT referral.

(7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CIMH/MHST or MAT referral.

(8) Number of children with positive screens is defined as the number of children determined to be in need of a mental health assessment because of a positive CIMH/MHST or MAT referral.

(9) Number of children with positive screens determined to be EPSDT-eligible is defined as the number of children identified to be in need of a mental health assessment determined to be insured through the Federal Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

(10) Number of children with positive screens determined to be privately insured is defined as the number of children identified to be in need of a mental health assessment and who are privately insured (Kaiser, Blue Cross, etc.).

(11) Number of children referred for mental health services is defined as the number of children referred for mental health services through all DMH and non-DMH funded programs including MAT, Wraparound, DMH directly operated clinics, other DMH contracted providers, as well as services offered through private insurance, DCFS funded programs or any other type of appropriate mental health provider/program. Additionally, the number of children requiring referral for mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was denied in the 60 day period.

(12) Number of days between screening and referral to mental health provider is defined as the average number of calendar days between a positive CIMH/MHST or MAT referral and the referral to a mental health provider.

(13) Rate of referral is defined as the percent of children referred to a mental health provider out of the total number with a positive CIMH/MHST or MAT referral.

(14) Number of children accessing services is defined as the number of children referred by DCFS, based upon a positive mental health screening, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc. Additionally, the number of children required to receive mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was revoked in the 90 day period.

(15) Number of days between referral to a mental health provider and assessment/treatment is defined as the average number of calendar days between referral to a mental health provider and the start of a mental health service activity.

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(16) Rate of mental health services is defined as the percent of children who receive a mental health service activity out of the total referred from DCFS.

(17) Waiting times at directly operated clinics or contract providers is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.

(18) Quality of mental health services is a measure of client satisfaction with the mental health services received. DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process. This data will be reported in future monthly reports as it becomes available.

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Department of Children and Family Services
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Data as of July 17, 2009
June 2009

		Newly Detained	Newly Opened Non Detained	Existing Open Cases	Total
Belvedere	(1) Number of children	48	49	344	441
	(2) Number of children currently receiving mental health services	0	3	137	140
	(3) Number of children requiring screens	48	47	172	267
	(4) Number of children screened	46	42	170	258
	(5) Number of CSWs completing screens	10	16	40	61
	(6) Number of days between case opening/case plan due date and screen	12	22	11	13
	(7) <i>Rate of screening</i>	96%	89%	99%	97%
	(8) Number of children with positive screens	43	11	26	80
	(9) Number of children with positive screens determined to be EPSDT-eligible	42	11	21	74
	(10) Number of children with positive screens determined to be privately insured	0	0	4	4
	(11) Number of children referred for mental health services	41	11	25	77
	(12) Number of days between screening and referral to mental health provider	1	3	1	1
	(13) <i>Rate of referral</i>	95%	100%	96%	96%
	(14) Number of children accessing services	41	10	25	76
	(15) Number of days between referral to a mental health provider and assessment/treatment	1	2	6	3
	(16) <i>Rate of mental health services</i>	100%	91%	100%	99%
	(17) Waiting times at directly operated clinics or contract providers	0	0	24	24
	(18) Quality of mental health services				
S F Springs	(1) Number of children	23	51	274	348
	(2) Number of children currently receiving mental health services	0	0	99	99
	(3) Number of children requiring screens	21	42	155	218
	(4) Number of children screened	20	39	150	209
	(5) Number of CSWs completing screens	8	18	40	64
	(6) Number of days between case opening/case plan due date and screen	15	18	7	12
	(7) <i>Rate of screening</i>	95%	93%	97%	96%
	(8) Number of children with positive screens	18	20	30	68
	(9) Number of children with positive screens determined to be EPSDT-eligible	16	15	24	55
	(10) Number of children with positive screens determined to be privately insured	0	0	0	0
	(11) Number of children referred for mental health services	15	19	27	61
	(12) Number of days between screening and referral to mental health provider	3	4	9	6
	(13) <i>Rate of referral</i>	83%	95%	90%	90%
	(14) Number of children accessing services	15	19	25	59
	(15) Number of days between referral to a mental health provider and assessment/treatment	4	10	12	9
	(16) <i>Rate of mental health services</i>	100%	100%	93%	97%
	(17) Waiting times at directly operated clinics or contract providers	0	0	16	16
	(18) Quality of mental health services				
Cummulative	(1) Number of children	71	100	618	789
	(2) Number of children currently receiving mental health services	0	3	236	239
	(3) Number of children requiring screens	69	89	327	485
	(4) Number of children screened	66	81	320	467
	(5) Number of CSWs completing screens	18	34	80	125
	(6) Number of days between case opening/case plan due date and screen	13	19	9	13
	(7) <i>Rate of screening</i>	96%	91%	98%	96%
	(8) Number of children with positive screens	61	31	56	148
	(9) Number of children with positive screens determined to be EPSDT-eligible	58	26	45	129
	(10) Number of children with positive screens determined to be privately insured	0	0	4	4
	(11) Number of children referred for mental health services	56	30	52	138
	(12) Number of days between screening and referral to mental health provider	2	4	5	3
	(13) <i>Rate of referral</i>	92%	97%	93%	93%
	(14) Number of children accessing services	56	29	50	135
	(15) Number of days between referral to a mental health provider and assessment/treatment	2	7	9	6
	(16) <i>Rate of mental health services</i>	100%	97%	96%	98%
	(17) Waiting times at directly operated clinics or contract providers	0	0	19	19
	(18) Quality of mental health services				

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Track #1: Newly Detained

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Track #2: Newly Open Non-Detained

All newly opened non-detained children (family maintenance or voluntary family reunification) will receive a mental health screening by the CSW using the CIMH/MHST and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Track #3: Existing Open Cases

All existing open cases will receive a mental health screening by the CSW using the CIMH/MHST when the next case plan update is due or a behavioral indicator is present (unless the child is already receiving mental health services) and, based on a positive mental health screening, referred for mental health services through the co-located DMH staff and/or SLS.

Footnotes

(1) Number of children is defined as the total number of children receiving DCFS services within each screening track.

(2) Number of children currently receiving mental health services is the number of children in an existing DCFS case who are currently receiving mental health services, defined as having received a billable mental health service activity within the previous 120 calendar days. The number of children currently receiving mental health services in track one and two is provided for information purposes only. The number of children currently receiving mental health services in track three is provided to show the number of children who are not required to be screened.

(3) Number of children requiring screens is defined as a) the number of newly detained children with a case opening in the month; b) the number of newly open non-detained children with a case opening in the month; c) the number of children in an existing open case, not currently receiving mental health services, with a case plan update due or a behavioral indicator identified requiring the completion of a CIMH/MHST within the month. Additionally, the number of children requiring screens may be reduced by the number of children in cases that were closed or by the number of runaway/abducted children in the 30 day period.

(4) Number of children screened is defined as the total number of DCFS children for whom a CIMH/MHST or a MAT referral is completed. In accordance with the Strategic Plan, all newly detained MAT-eligible children will automatically be referred for a MAT assessment regardless of the CIMH/MHST outcome. Therefore, a referral to the MAT program acts as a positive screening.

(5) Number of CSWs completing screens is defined as the number of CSWs who completed a CIMH/MHST.

(6) Number of days between case opening/case plan due date and screen is defined as the average number of calendar days between the DCFS case opening date or case plan due date and the completion of a CIMH/MHST or MAT referral.

(7) Rate of screening is defined as the percent of children screened out of the total number required to be screened using a CIMH/MHST or MAT referral.

(8) Number of children with positive screens is defined as the number of children determined to be in need of a mental health assessment because of a positive CIMH/MHST or MAT referral.

(9) Number of children with positive screens determined to be EPSDT-eligible is defined as the number of children identified to be in need of a mental health assessment determined to be insured through the Federal Medicaid, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

(10) Number of children with positive screens determined to be privately insured is defined as the number of children identified to be in need of a mental health assessment and who are privately insured (Kaiser, Blue Cross, etc.).

(11) Number of children referred for mental health services is defined as the number of children referred for mental health services through all DMH and non-DMH funded programs including MAT, Wraparound, DMH directly operated clinics, other DMH contracted providers, as well as services offered through private insurance, DCFS funded programs or any other type of appropriate mental health provider/program. Additionally, the number of children requiring referral for mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was denied in the 60 day period.

(12) Number of days between screening and referral to mental health provider is defined as the average number of calendar days between a positive CIMH/MHST or MAT referral and the referral to a mental health provider.

(13) Rate of referral is defined as the percent of children referred to a mental health provider out of the total number with a positive CIMH/MHST or MAT referral.

(14) Number of children accessing services is defined as the number of children referred by DCFS, based upon a positive mental health screening, who subsequently receive a mental health service, including such services as assessment, treatment, case management, consultation, etc. Additionally, the number of children required to receive mental health services may be reduced by the number of children in cases that were closed, by the number of runaway/abducted children or by the number of children for whom consent for mental health services was revoked in the 90 day period.

(15) Number of days between referral to a mental health provider and assessment/treatment is defined as the average number of calendar days between referral to a mental health provider and the start of a mental health service activity.

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(16) Rate of mental health services is defined as the percent of children who receive a mental health service activity out of the total referred from DCFS.

(17) Waiting times at directly operated clinics or contract providers is defined for purposes of this report, as the number of calendar days between the referral to DMH directly operated or contracted mental health provider staff and the opening of a mental health episode.

(18) Quality of mental health services is a measure of client satisfaction with the mental health services received. DMH will be collecting data related to client satisfaction with services received from a sample of children and families identified and linked for services via the CSAT process. This data will be reported in future monthly reports as it becomes available.